



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit Number _____

Occupancy and Fee Checked _____

[Rev.9/05] (Leave Blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(Please print in ink or type all information)

Date: _____

City or Town of: **LEOMINSTER**

To the inspector of Wires

By this application the undersigned gives notice of their intention to perform the electrical work described below.

Location (Street & number) _____

Owner or Tenant _____ Telephone No. _____

Owners Address _____

Is this permit in conjunction with a building permit? YES ☐ NO ☐ (Check appropriate box)

Purpose of building _____ Utility Authorization No. _____

Existing service _____ Amps _____ Volts Overhead ☐ Underground ☐ No. of meters _____

New service _____ Amps _____ Volts Overhead ☐ Underground ☐ No. of meters _____

Number of Feeders and Ampacity _____

Location and nature of Proposed Electrical Work _____

Completion of the following table may be waived by the Inspector of Wires

No. of Recessed Luminaires		No. of Ceil. -susp. (paddle) fans		No. of Transformers		Total KVA	
No. of Luminaires Outlets		No. of Hot Tubs		Generators		KVA	
No. of Luminaires		Swimming Pool Above <input type="checkbox"/> Below <input type="checkbox"/>		No. of Emergency Lighting Battery units			
No. of Receptacle Outlets		No. of Oil Burners		Fire Alarms	Number of zones		
No. of Switches		No. of Gas Burners		No. of Detection and Initiating devices			
No. of Ranges		No. of Air Cond.		Total tons		No. of Alerting Devices	
No. of Waste Disposers		Heat pump	Number	Tons	KW	No. of Self Contained Detection/Alerting	
No. of Dishwashers		Space / Area heating		KW		Local <input type="checkbox"/> Municipal connection <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers		Heating Appliances		KW		Security Systems: * No. of devices or Equivalent	
No. of Water Heaters	KW	No. of signs		No. of Ballasts		Data Wiring: No. of devices or Equivalent	
No. Hydro massage Bathtubs		No. of Motors		Total HP		Telecommunications Wiring: No. of devices or Equivalent	
Other:							

Insurance Coverage: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

Check One: Insurance ☒ Bond ☐ Other (Specify): _____

Estimated Value of Electrical Work _____ (When required by municipal policy) (Expiration Date)

Work to Start: _____ Inspections to be requested in accordance with MEC rule 10. And upon completion.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

Firm Name: _____ Lic. No.: _____

Licensee: _____ Signature: _____ Lic. No.: _____

(If applicable, enter "exempt" in the license number line) City of Leominster contractor No. _____ Bus. Tel.. No.: _____

Address: _____ Alt. Tel.. No.: _____

* Security System Contractor License required for this work: If applicable, enter license number here _____ Lic. No.: _____

Owner's Insurance waiver: I am aware that the licensee does not have the liability coverage normally required by law. By my signature below I hereby waive this requirement

I am the (check one) Owner ☐ Owner's Agent ☐

Owner/Agent Signature _____ Telephone Number _____ Permit Fee: \$ _____